PTO/SB/08 (12-04) Approved for use through 7/31/2008. OMB 0851-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 Iカ-フフフ APPLICATION AS FILED - PART I OTHER THAN (Column 1). (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE (\$) BASIC FEE FEE (\$) RATE (\$) FEE (\$) (37 CFR 1.16(a), (b), or (c)) SEARCH FEE (37 CFR 1.16(k), (i), or (m)) EXAMINATION FEE (37 CFR 1.16(o), (p), or (q)) TOTAL CLAIMS (37-CFR 1.16(1)) minus 20 = INDEPENDENT CLAIMS OR (37 CFR 1.16(h)) minus 3 = If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due FEE (37 CFR 1.16(s)) is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1)) if the difference in column 1 is less than zero, enter "0" in column 2. TOTAL. TOTAL APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) OR OTHER THAN SMALL ENTITY CLAIMS REMAINING SMALL ENTITY HIGHEST NUMBER PRESENT RATE (\$) PREVIOUSLY PAID FOR ADDI-AFTER RATE (\$) ADDI-TIONAL MENDMENT Total (37 CFR 1,1507) Minus FEE (\$) ENDM × 25 = OR × 50 = independent (37 CFR 1.16(h)) Minus x *JO*O ×200 = Application Size Fee (37 CFR 1.16(s)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR-1.16(II) OR TOTAL TOTAL ADD'L FEE OR ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ω REMAINING PRESENT NUMBER RATE (\$) ADDI-TIONAL FEE (\$) AFTER AMENDMENT PREVIOUSLY PAID FOR RATE (\$) **EXTRA** ADDI-Total (37 CFR 1.15()) Minus FEE (\$) 3 Independent (37 CFR 1.19(h)) OR Minus = Application Size Fee (37 CFR 1.16(s)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(I)) OR TOTAL TOTAL OR ADD'L FEE

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chlef Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.